

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 23, 1999 8:00 am
Secretary of State

07-23-1999 90010 001 ****75.00

DOCUMENT # N96000001534

1. Corporation Name

HEALTH FOUNTAINE COMMUNITY DEVELOPMENT CORPORATI
ON

Principal Place of Business

20941 N.E. 25TH COURT
NORTH MIAMI BEACH FL 33180

Mailing Address

20941 N.E. 25TH COURT
NORTH MIAMI BEACH FL 33180



2. Principal Place of Business

21 19B West Hallandale

Suite, Apt. #, etc.

22 Beach Blvd.

City & State

23 Hallandale FL

Zip

24 33009 25 Broward

2a. Mailing Address

26 19B West Hallandale

Suite, Apt. #, etc.

27 Beach Blvd.

City & State

28 Hallandale FL

Zip

29 33009 30 Broward

3. Date Incorporated or Qualified

03/24/1996

4. FEI Number

65-0722324

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☒

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

EKPENYONG, ENA
20941 N.E. 25TH COURT
NORTH MIAMI BEACH FL 33180

10. Name and Address of New Registered Agent

81 Name

Victor P INWANG

82 Street Address (P.O. Box Number is Not Acceptable)

19B Hallandale Beach Blvd

83

Hallandale

84 City

FL

85

Zip Code

33009

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE VICTOR P. INWANG

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/1/99

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME EKPENYONG, EMMA E
STREET ADDRESS 1172 N.E. 196TH STREET
CITY-ST-ZIP NORTH MIAMI BEACH FL 33180

TITLE D ☐ DELETE

NAME MCFOY, MILDRED
STREET ADDRESS 14560 N.E. 6TH AVENUE
CITY-ST-ZIP NORTH MIAMI FL 33161

TITLE D ☐ DELETE

NAME PATRICK, GLORY P.I.
STREET ADDRESS 20520 BISCAYNE BLVD.
CITY-ST-ZIP NORTH MIAMI FL 33180

TITLE D VICTOR P. INWANG ☐ DELETE

NAME 19B West Hallandale
STREET ADDRESS Beach Blvd, Hallandale FL 33009
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

INWANG

7/1/99

Date

Daytime Phone #

CR2E037 (5/99)